

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/926377	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/		
2	/	/	/	/	/		
3	/	/	/	/	/		
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6	4	/	/	/	/		
7	(2)	/	/	/	/		
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TOTAL IND.	2		2				
TOTAL DEP.	11		8				
TOTAL CLAIMS	13		10				

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TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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